

# MorphoTrust USA New York

## YOUR APPOINTMENT IS NOT YET COMPLETE

Please review all of the following information.

If any of this information is incorrect, please click the change button at the bottom of each section to make any needed changes to that section.

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*If All Information Appears Correct ---->*

**Next Step**

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### Application Details (1)

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**ORI Number:** NY922130Z

**Fingerprint Reason:** 27 - Child Day Care

**Agency ID:** 73286 - THE SPORTS & ARTS SCH FOUNDATION P.S. 40

**Role of Applicants:** Employee/Teacher

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*To change any information in this section >>>>*

**Change Application Details**

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### Appointment Details

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**Location:** Brooklyn - Fulton St Los Taxes  
Mega Protective Services Los Taxes  
2812 Fulton St  
Brooklyn, NY 11207  
United States

**Appointment Date:** 01/16/2013

**Appointment Time:** 04:00 PM

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*To change any information in this section >>>>*

**Change Appointment Details**

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### Applicant Details

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**Name:** HAROLD D AKYEAMPONG

**Alias 1:**

**Home Address:**  
122 Malcolm X Blvd  
Brooklyn, NY 11221

**Country:** United States

**Daytime Phone Number:** 347-265-6871

**Daytime Phone Type:** Cell

**Evening Phone Number:** 347-265-6871

**Evening Phone Type:**

**Daytime Email:** prekese.ghanamedia@gmail.com

**Evening Email:**

**Preferred Contact Method:** Daytime Phone

**Preferred Contact Time:** Afternoon

**Contact Notes/Instructions:**

**Date of Birth:** 01/14/1965

**Age:** 48

**Gender:** Male

**Height:** 05 ft. 11 in.

**Weight:** 145 lbs.

**Race:** Black

**Ethnicity:** Non-Hispanic

**Skin Tone:** Black

**Hair Color:** Black

**Eye Color:** Black

**Place of Birth:** Ghana

**Citizen Country:** United States

*To change any information in this section >>>>*

**Change Applicant Details**

*If All Information Appears Correct ---->*

**Next Step**

**If you have any questions with the website,**

**please contact L-1 Enrollment Services at (877) 472-6915. For TTY/TTD applicants, please call (877) 219-0199**

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